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A Nationally Accredited  
Law Enforcement Agency

Department of Public Safety  
1320 Middleton Street - Orangeburg, SC 29115-3103

**Orangeburg Department of Public Safety**  
**Positive Youth in Motion (P.Y.I.M.)**  
**Dance Company Mentoring Program Application**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Conditions if known and Required Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Area of Interest: ex: Hip Hop, Clogging, Ballet etc. \_\_\_\_\_

Favorite Subject in School: \_\_\_\_\_

Subject Liked the Least: \_\_\_\_\_

Has Child Ever Received Disciplinary Reports In School? Yes: \_\_\_\_ No: \_\_\_\_

Has Child Ever Had Law Enforcement Involvement? Yes: \_\_\_\_ No: \_\_\_\_

If Yes Please Explain: \_\_\_\_\_

\_\_\_\_\_

Is your child having any disciplinary issues at home? Yes \_\_\_\_\_ No: \_\_\_\_\_

If Yes Please Explain: \_\_\_\_\_

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Parent/Guardian Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ Name: \_\_\_\_\_

Any Additional Concerns/Comments that you think would be helpful in working with your child. \_\_\_\_\_

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As a commitment to “Working Today for a Safer Tomorrow”, the Orangeburg Department of Public Safety has implemented a Youth Co-Ed Dance Company. Positive Youth In Motion Dance Company will aid youth in improving physical health, developing positive socialization skills, and improving self-esteem. In addition, mentors will also monitor personal and academic development.

**Parental Permission Waiver of Liability Form**

I \_\_\_\_\_ the parent of \_\_\_\_\_,

Agree to allow him/her to participate in the Orangeburg Department of Public Safety's Youth Mentoring Program. I understand that having him/her participate in this program is voluntary and I am not obligated to have him/her participate. I also will not hold the Department of Public Safety (Director, employees, staff, officers, agents, representatives, DJJ, Orangeburg Consolidated District Five and volunteers,) the City of Orangeburg liable for any injury that he/she may sustain as a result of his/her participation.

I also give permission for the Orangeburg Consolidated District Five to release any and all disciplinary reports and grades to the Orangeburg Department of Public Safety for the purpose of monitoring the assigned mentored.

I agree this provision includes claims based on negligence, action or inactions of the employees and representative of the Orangeburg Department of Public Safety. I understand that representatives of the Orangeburg Department of Public Safety may terminate their participation or attendance in the Positive Youth in Motion Dance Company/ Mentoring Program at any time.

Parent Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Date: \_\_\_\_\_

## ***Goal***

The goal of the Positive Youth in Motion Dance Company/Mentoring Program is to teach physical fitness through activity. We will also provide emotional fitness through teamwork, motivation and responsibility. to guide him/her towards productive and positive citizenship. Our program will also help to improve self-esteem, social and communication skills and avoid high-risk behaviors by providing relationships with peers and professional adults who will work to help them reach their potential.

1. The specific skills associated with the activity include but are not limited to: dependability, responsibility, commitment, sportsmanship, discipline, and awareness of the capabilities of others. To encourage positive parental involvement be a positive force in the community by sharing the art of dance as well as support through charity work and public appearances.
2. Provide a motivating experience for all dancers involved by increasing technique and physical fitness, team bonding, and further dance training to help members gain confidence and poise in performance and in life.

## ***Aftercare for Mentoring Program “Only”***

Once participants have completed the Youth Mentoring Program, there will be an aftercare component which will provide ongoing support for the participants. The aftercare component aims to facilitate interaction and involvement between youth and the community; it will provide referrals to resources and outside support, as appropriate, and maintain a focus on achievement of participants’ personal goals

## ***Parent/Caregiver Component***

It is essential that parents and caregivers be involved in the work that we will do with your children. We plan to empower parents and primary caregivers with tools and techniques that enhance the growth and development of healthy youth. Our goal is to provide social and personal development opportunities through workshops and family coaching.

***To enroll:***

An application, physical and release of liability form must be completed for each participant. The participant and his/her guardian will be interviewed and or have a try-out conducted and selected on an individual basis. The participant must be enrolled in an Orangeburg Consolidated District Five School. Participants must be free from disciplinary reports prior to entering into any other component of the program.

**For more information, please contact: Sgt. Latisha Walker at 533-5910**